

COVID-19 Vaccine 12/15/2020 - Black/African American RCC

Unedited Transcript

>> Good Evening. Thank you for joining us tonight for a chat about the COVID-19 vaccine with the African-American community. I am sable, the acting director of the office of equity and chair of the health equity working group for the Virginia emergency support team. We have an incredible group of panelists and folks for you, issue experts for us to share information with you. And also, looking forward to hearing from you all, what your needs are, what your concerns are, because, this is a public/private partnership. We are truly here as state agencies to protect and serve you all. We can do that best if we understand and know your needs. So, with that, we will begin with some house keeping components. Wanting to let everyone know that, this meeting is being recorded, it is a public meeting that will be sharing with the individuals who have registered for this event. And, that we want to know a little bit about who is in the room. So, in lieu of a formal roll call if you could introduce yourself, via the chat box, excuse me, share your name, your organization, and the part of the commonwealth that you are from, would love to see, who is here, and we are going to be engaging a lot both via the chat box as well as, we will have an opportunity for you to unmute yourself and provide public comment. So this is a great way for us to get to know each other. And begin that engagement process. Also, we would love for you all to make sure that you all are engaging with us, so, in the chat box as well. We are going to have several different issue experts available. To answer your questions. So if you do have any questions, there, we would, like for you to avail yourself to the chat box while the individual who is speaking and we are going to have ample time, ample amounts of time for folks to engage with us both via the text, chat box and, might give you an opportunity to, verbalize your question as well. So, with that, I also wanted to let you know that we have made some accommodations for accessibility. And I am going to step back here and allow, we have two wonderful office of equity members providing logistical support for conversation this evening. We have, Jasmine Smith, executive administrator, and, and, for the office of health equity, we have, Veronica Cosby coordinates partners in prevention program. I will step back allow Veronica to talk with us through some accommodations that we have made this evening. For accessibility. Veronica, are you there.

>> Yes, thank you, sable K. Tonight for accessibility we do have Virginia Relay services, remote conference captioning, the link has been provided by Don who is actually our, RCC captioner in the chat box. If you are having any technical problems please feel free to send a message to Jasmine or myself. And we will actually put our information back into the chat box so you will have. Again, the RCC relay link is in the chat box. If you have any questions, please, send myself or Jasmine a message via chat. Thank you, sable K.

>> Thank you Veronica. It's important to tell people where we are going, the journey we will take with each other over the next couple, hour and a half or so. So this is a community conversation in two parts. Part one is going to be the opportunity for you to hear from our incredible leaders here in the Commonwealth about the great work that has been done, over the past several weeks and months to prepare the commonwealth for the vaccine and also to make sure that we are using a data-driven, equity approach to ensure that the vaccine is going where

it needs to go, meeting the needs of those who need it the most. So that is going to be part one of our conversation. And in just a few moments you will have an opportunity to hear from Dr. Janice Underwood, equity, inclusion officer here in the Commonwealth of Virginia, introducing our governor, who is here, thank you so much for joining us, Governor, to provide remarks for the conversation. You

will hear from the Virginia Department of Emergency management, and then to round up our unified command, leadership, you are going to hear from Dr. Norman Oliver, state health commissioner at the Virginia Department of Health, from our vaccine unit designee, an overview on what we are doing in the Commonwealth and, communications overview. So, that's going to be about, 0 minutes or so of us talking and explaining, all of the different resources and information that we have available. And after that, we are going to open up the floor, and we are going to read through the questions that hopefully you all will be putting in the chat throughout the conversation and will be able to answer as many of those questions, both in the chat, and orally, as we can. The second half of our conversation is going to be, a listening session. We think that, I come from a background in HIV infectious disease and contact tracing related work and policy work. There is a concept called MEPA where in

the community I am from, it is called, meaningful inclusion of people with aids. And it has been, integral to, all of the community engagement work I do in my roll as acting director of health equity, anything that is done for community, needs to be done, with the involvement and engagement of the intended community we are hoping to search which is why's are hosting this session to night and which is why we have 45 minutes or so does egg Nateed to hear from you.

So after we hear from our cochair for our communications and subcommunications and messaging subwork group, we are going to allow public comments from, as many folk whose are on the line as we can accommodate. So that we can -- every person will have a minute to speak. What they're excited about. Why they're reluctant or hesitant to take the vaccine. What questions they have. What concerns they have. This is really an opportunity for us to, do as my grandmother would say, listen and observe twice as often as we speak. And,

really hear from the community. So, we are hoping that you all will engage us at that time. So, that's going to, an overview of what we have planned for this evening. And, with that, I am going to turn things over to Dr. Janice Underwood who will chat with us a little bit about who -- about who she is, the great work that she is doing, and, and -- introducing our governor, we are super excited to have her here to speak. She is a leader of our health equity leadership task force and doing some really incredible work, across the Commonwealth. So, Dr. Underwood, are you there?

>> I am. Give me a thumb's up if you can hear me.

>> Excellent.

>> I look audience participation. A K-12 teacher at heart. Good Evening, thank you, sable K for the kind introduction. She is certainly one of the accomplices that unapologetically thread health equity into this recovery and response. Shoe out to all health equity working group, members out there, and, all our faith leaders and community leaders who have joined us, my name is Janice underwood, I am so pleased to be with you this evening to discuss the COVID-19 vaccine. The hope at the end of this long tunnel. But my primary charge is to really promote inclusion. So I am here this evening to turn your feedback and suggestions into concrete equity policy. And in fact, I have a statutory obligation to do so. So check out the

Virginia code, it says that is what I am supposed to do. But we know there are so many questions out there. Some we have answers to. And some we don't. For instance, we know that the vaccine is 95% effective. On adults. But there is not data available for young children or pregnant mothers. So I am simply here to listen and to the extent when I can, answer your questions. It is the top priority of the governor's office of diversity equity and inclusion, and many of my team members are on the line today. So, high-five to you all, we are on the line representing my office. But, we are here to better understand your equity concerns. Particularly, the issues of access and trust. Which we know have -- been a topic of conversation with a lot of the things that we have been dealing with. Whether it be -- the test itself, COVID-19-wise, now the vaccine. But, like I said, the content expert, we have assembled this evening, and others, in the coming weeks, we have a lot of really exciting webinars and events planned for you, we are all here to answer everyone's questions. Because this information is for everyone. So if you are joining tonight as a member of the African-American community, or possibly an ally to this community, or, you represent another community, we want you to know that we care about you and there is a dedicated team working to make sure that all of your questions are answered and you have the best information to make a decision about the vaccine for you and your family. The equity leadership team, health equity working group, vaccine working group, all of us here assembled are really making sure equity is our top priority. And why?

our why is that the virus has exposed long-standing systemming health and social inequities, experienced by those in the black community and Latino community. For example, we though that while the Latino community have the highest rates of positive COVID-19 cases, the black community is -- is burdened with the highest death rates. These outcomes are significantly exacerbated for the LGBTQIA-plus people of color and communities. With so disparity across all communities, including people with disabilities and those in rural communities, and those in low-income communities, we must build trust and ensure equitable access to the COVID-19 vaccine for everyone. These are very important and difficult conversations. And we are committed to having them, which is why -- Sable K, Nelson Dyer, health equity working group created the townhall conversations and collaboration with the COVID-19 vaccine working group. So whether you are an urban, rural, suburban, veteran, civilian, faith community, the native American community, black, white, communities, we all need to be having these conversations. We are one Virginia strong, we are many Virginians, but one Commonwealth strong

I look forward to the conversation tonight. And others in the coming weeks. And months. I will be listening intently, taking notes, reading the chat box, and, and taking information that I learned back to our team, to think deeply about the issues raised tonight. I would look to close by saying, hope and two different vaccines are on the way. But there are several factors we need all Virginians to keep in mind. Like we must continue to wear a mask and wash our hands and keep our distance from each other. Even after taking the vaccine. Also what we know for sure is that we will have to take two doses of the same vaccine. This is not a live vaccine. There is no out of pocket cost to any of our residents including for our undocumented immigrants. So in the meantime, stay home if and when you can. And, we must support each other with facts. Please only get your information from trusted public health sources. Like, the CDC, your care provider, our own Virginia department of

health, the governor's office, or the Virginia department of emergency management. I say this because, there are already a lot of vaccine scams going on. And they're targeting the black and Latino communities in particular. Please on guard. Because there are folks out there, that will attempt to use this moment for their personal gain. But thank you all for the sacrifices you have made to get us to this moment. Together we will get through this, hike we have done time and time again. Well now I would just look to turn and, and, share with you that I have the distinct honor, to introduce our next speaker. Governor Northam, some one walking the talk. We are fortunate we brings to the work his experience as a former, army doctor, a pediatric neurologist, a business owner, a state Senator, and former Lieutenant-governor. Governor Northam, 73rd governor of Virginia has a heart for all people. Especially those historically marginalized and underrepresented and it is this deep love for all

Virginians, in particular, that guides every decision he makes. It is my honor to welcome my boss, the 73rd governor, governor Ralph

Northam, Dr. Underwood, you are my boss, we need to get that straight right upfront. Thank you for your words and your leadership and, you know, I just appreciate everything that you do for the Commonwealth with diversity and inclusion and, and, as we are talking about tonight equity for all Virginians. So, you stay healthy and keep up the great work. But I appreciate the, the introduction Eiffel want to just take a second to thank other folks. Our commissioner of health, Dr. Nor ma Oliver is with us tonight. A wealth of information. He has been working on this pandemic, night and day and weekend, since, since, March, maybe before March. Believe it or not. Ten months, first case was on March 7th. Want all of you to know how hard he has worked. Our sequester Terri of health, Dr. Kerry and his staff. Have worked nonstop to keep keep Virginians safe. Hear from Curtis Bryant, department of emergency management, very important work that he is doing through his leadership. Then

we have the vaccination advisory committee, and I know that -- my friend, is with us tonight. Wendy Klein may be on here, not sure. There are a whole lot of people working -- either on the scene or behind the scenes to, to, really make sure that we do this right. In Virginia and do everything that we can -- to put this health crisis behind us and get back to -- what we know as our near normal lives. Most importantly I wanted to come on and thank all of you that are either listening, watching or both. It is just so, so important --

that we provide --

accurate and updated information. We, we -- believe in science. We believe in being factual. We want you to know that. Most importantly we want to hear from you. We need to hear your concerns. Learn but that and move forward. And be able to help people throughout Virginia. So, I know there are a lot of things you all could be doing tonight.

I just thank you on behalf of the commonwealth for being part of this. I am going to be brief, Janice actually covered a lot of -- what I mean to communicate. I mean to thank Sable, been on a number of these. Thank you for your kindness, leadership and being so pleasant. I really appreciate that. So, we have a great team. That is what makes me proud to be, governor of Virginia. I want to talk about, some concerning things to me and then some exciting things to me. Today, we had over 3,000 new cases. We reported over, excuse me, we reported 56 additional deaths. Every death is one too many. Our positivity rate has been going up. My message to you tonight is while there is excitement on the horizon as Janice said there is hope

which we all believe in hope, we need to continue to file the -- follow the guidelines and need to continue to tell our friends and neighbors, to follow the guidelines.

we still have several months, where this virus is going to be with us, it is alive and well. It is dangerous. It is contagious. And we need to do everything that we can to keep that curve flat. For all of us, but, especially our front line workers. Our essential workers. Our health care providers. And nurses, staff,. These folks have been fighting this now for ten months and they're tired. We all need to be part of the solution as I say. And be helping one another. Thank you all for that. The exciting thing is the vaccination is here. And -- and, the smartest, best scientists in the world have been working on this for months. And, the FDA has been following the data. We have been following the data. Yesterday, I was at a hospital in Richmond. To welcome the shipment of the doses of the vaccination. And then today, I was in -- in my area of Virginia, before I became governor, 757, I like to call it at a hospital where I actually witnessed one of the first injections. I

was there to thank the health care team and, and, also those individuals that had -- stepped forward and said, I realize this vaccination is safe. It is effective. I want to be right at the front of the line and take it. So I commend the individuals that, that, participated in, in that today. There is no question there are challenges. One of the reasons we are doing the talk tonight is to provide accurate information about the vaccination and to hopefully together, build trust that it is safe. If we can do this, I credit Dr. Sole very and his team from the Virginia Department of Health. They have a very organized approach, different phases. There are actually different parts, subphases. And we are starting with the, the front line, the health care providers that take care of the sick every day. We want to include in the first group our long-term care facilities both the staff and the residents. And then, we will as we get better supply and we expect that, then we will

branch out and, and hopefully, by early to midsummer, everybody in Virginia will have had access to the vaccination and as I said at the beginning of my comments finally we can put this pandemic behind us and get back to our normal lives. So thank you very much for being with us tonight. We are biased but we believe we live in the best state in the best country in the world. I am so proud of Virginians for all that they have done to help us get through this -- pandemic. (pandemic) and as Dr. Underwood said, we see hope, and light at the end of a very long and dark tunnel. So we are pleased about that. But in the meantime, please, for all of you, I want-up to have a safe, and peaceful holiday season. Take care of yourselves. Take care of your families, take care of your loved ones and friends. And just stay healthy and safe. And 2021 is going to be a better year. So, thank you, Janice. Thank you for your kind introduction

I believe -- Curtis is going to be next from our department of emergency management. So, Curtis, thank you for your leadership. And welcome.

>> Thank you, governor. Thank you for your leadership and support. And Good Evening to everyone. Glad to, to join this conversation. And, listen in. On, on what the questions are. And to share a little bit about what we are doing as we move forward with this, unprecedented response. I'm Curtis Brown, state coordinator for emergency management, at the Virginia department of emergency management. We work under direction of the government there to facilitate the process, coordinate all our state agencies to leverage all of the resources, state government, to respond to disasters. And provide support to local governments and residents. The Virginia emergency support team. Or the VEST. During this unprecedented pandemic we

facilitated logistics of critical personal protective equipment, testing supplies, and, and, other key resources, across the commonwealth. To our health care centers. Long-term health care, clinics, and, and, to our, our local communities. We've had a very successful program. Health equity pilot project that has provided, resources, of masks, hand sanitizer directly to individuals in the community that are most at risk and need. A lot of our communities of color across the Commonwealth. At the core of or response since the beginning we embedded health equity as a primary focus of our response. We wanted to tack proactive efforts to mitigate the disproportionate impact of the disaster on black, indigenous, people of color across the Commonwealth. Many of you all have been affected just as we have been. Our families and friends as well. The health equity task force critical to providing me and Dr. Oliver with ongoing advice and insight on how to equitably allocate resources. Ensure we are inclusive in our messaging. And, all of our key decisions, throughout the course of this disaster. We've been, we understand the critical importance of community involvement. And that's why we, really, value the health equity working group, which is a component of the task force, that constantly provides insight again on messaging and outreach efforts, and how do we, we can improve our response. As we move forward, through this -- extended response, we will continue to do that. We will continue to answer questions, promote transparency and provide vital information. Really appreciate everyone's time and attention. And, par participating in this meeting. And as the governor said, we are, we are looking forward to what 2021 might provide. Right now this is still a critical and serious part of our response. And so please stay safe. Especially over this next couple weeks. Wear masks, social distance. Sanitation, hand washing. Are going to be key to mitigate further loss of life as we move forward. And for, some folk as cross the Commonwealth do do have winter weather coming in if you have to venture out, please stay safe as well. Thank you very much, Sable K, look forward to continue to listen in and participating in the rest of the, the session tonight.

>> Thank you, Director Brown, thank you, governor, thank you, Dr. Underwood for your introductory remarks and thank you to all who have joined uh.

we will now turn things over to our state health commissioner, Dr. Norm Oliver to provide a health equity update. Dr. Oliver, are you there. Yes, I am, found the unmute button. Is my audio coming in okay?

>> I think so.

>> Okay, great. I want to thank everyone for attending this event tonight. It is very important that we get out as much of the factual information as we can about the exciting development of the vaccines as broadly as we can. In the African-American community. I really appreciate your attendance. As has been mentioned by both, doctors Underwood and Governor Northam, we face a severe health crisis in the Commonwealth and across the country. You all are well aware of it because the African-American community has been particularly hard hit by this pandemic. As Dr. Underwood mentioned the highest rates of mortality are, A. being experienced in the African-American community. Which has been a huge, huge burden from, from COVID-19. Also, even in the incidence of the disease that has been particularly high and disproportionately high in the African-American community. Currently we are experiencing another surge in cases. In COVID-19. The number

of cases per day, as Dr. Northam mentioned between 3,000 and 4,000. That's been the case for well over a week. And seeing the lies for well over a month. The number of cases we are seeing every day, is three times what we were seeing back in April and May, of this year. This underscores taking the personal actions that we know work to help, stamp -- tamp down the spread of this disease. Wearing our masks. Washing our hands. And watching our distance from each other. These things can help prevent the spread of disease. We need to do that now. And we will need to continue doing that for many, months, even as we, are deploying the vaccine. Which is so effective against, preventing you from getting COVID-19. Until the majority of Virginians have been vaccinated and we achieve the situation where the virus cannot infect any significant number of people, ohm at that point will it be safe to stop some of these other personal behaviors that we know protect ourselves from the disease. Back

when the, when the virus was -- running rampant in China, and we knew that it was -- now a pandemic, many of our leaders, medical leaders including Dr. Fauci were looking toward the possibility of developing a vaccine. You may recall that -- Dr. Fauci he thought a vaccine would be developed within 12 to 18 months. Here we are now approaching about 12 months after he said that. We have two vaccines that are, are -- ready to go. One that has been approved by the FDA. And, has actually arrived here in the commonwealth, yesterday and today. And we'll get into that in more detail in just a moment. Some people thought that development happened really too fast. That isn't really the case. The -- vaccines are different now. I think it is really important to recognize that, the science of -- vaccines has changed a lot over the years. Since we last produced some -- vaccines. In this country. And these vaccines which utilize something called, messenger RNA, are, are -- a result of

this advanced technology. We knew the genetic makeup of the virus back in January. We were provided that information by the Chinese, as soon as we knew that -- genetic makeup we were able to generate the messenger RNA from that virus in a matter of days. And, then spent the last 11 months or so, developing the vaccine with that, that messenger RNA, and then testing it and phase one trials to see whether or not it was safe to take. Phase two trials, to see whether or not it was effective. Phase three trials in which we tested, both the safety and efficacy of the -- the vaccine. In a broad layer of people. Some 70,000 plus people participated in crane Cal trials including, African-Americansment so that we knew that, in terms of adults, it, it was effective. In a broad range of the -- of the population. And, and, it was 95% effective for both of those vaccines. (clinical trials) the 5% that got the disease got mild disease. Means it is 100% effective in protecting you

from the serious, serious, disease. That some people had, leading to, serious morbidity or even death. It went to the clinical trials. A thorough review by the -- FDA. Reviewed by the -- advisory committee, on immunization practices. And, only after that, was it actually approved. We have had it, our own sort of third check on it ourselves here in the Commonwealth with our vaccine advisory committee which is part of the coordinator Brown mentioned. This is a broad group of stakeholders. Faith leaders. Community based, organizations, medical sciences, ethicists, healthic we expert, they too had a chance to tack a look at the evidence and decide whether or not the vaccine is safe and effective. Their recommendations on how we should distribute the vaccine -- are aimed at ensuring that we, distribute it in an equitable fashion. And, we are doing so, and we will do so, in the most transparent way possible. As the governor mentioned we will be doing distribution in a phased way. Those

of you who have been, prior to COVID-19, on the airplane have heard the flight attendant talk about how when the, if you need, oxygen, and, oxygen mask drops down, be sure and put it on yourself first before helping others. We are doing the equivalent of that for -- society as a whole. By vaccinating our health care workers, first. We know that -- if we are sick we want those people there able to take care of us. And so we want to vaccinate them first. If you are a fan of social media, get on TIK-TOK, get on, snapchat, get on whatever your favorite social media is, and look at what is happening right now where you can see -- health care workers, dancing in the hallways. As the vaccine is arriving for them. On the front line, taking care of people with COVID-19 for 10 months with PPE, but many have gotten sick, been a significant number of them who have, fallen ill because of COVID-19. And now -- getting this vaccine will enable them to continue their fashion for taking care of us, without having --

that, that, fear that they're going to get this dreaded disease. We will take care, in the first -- wave of the vaccine, residents of, long term care, skilled facilities, phase one, phase one 1A. Phase 1B. We will begin vaccinating essential workers. People who are part of the critical work force. The people who keep us fed, who help us with transportation, much needed transportation and other essential industries and the workers within them. I think it is important from an equity point of view to realize that, one of the reasons why, black and Brown people have been disproportionately affected by this disease is because we comprise a large number of people in the I soap shall industries. So when we say we are going to move towards vaccinating essential workers, I think it is also important to realize that through that means we will also be getting to a large segment of the African-American Latin X and other communities of, of color. In phase 1C, still part of the whole first phase of --

the SRABGS known campaign, we will move to adults 65 and older. And, adults with -- underlying medical conditions that put them at high risk for getting -- bad outcomes from COVID-19. Once again because of the, inequitable and -- and discriminatory way in which health care service delivery and social economic conditions in which our communities are subjected to. Because of those things, chronic disease is much more prevalent in our communities. Yet another example of I think --

on this slide of things with the vaccine. We will be reaching out to, to, to being able to vaccinate a large number of people in the African-American community. Just thing of our own families. And all the people who fit into these categories, so you will understand, why I would say that. Phase two and three, we move --

move into broader, broader populations. More widely into, into the African-American LatinX communities. And other communities of color. Then into the general public. Governor -- Northam mentioned, we think, the pharmaceutical companies ramp up their production of the vaccine, that we, we will have enough vaccine to, to, vaccinate -- the general public. Why, by, next summer. And reach a situation in which -- the majority of people will have a vaccine and as a result we will be able to -- to reduce the pool of people who can possibly be infected. That's where you hear this term of, about, herd immunity. If we are all immune, then the, then the virus has nobody to infect. We can put an end to this pandemic. I am going to, leave it at that for now. I think it will be important to hear from our vaccine unit. And the doctor will be able to give you

some more specifics about what we are doing right now. In Virginia. On this campaign. I want to thank --

the doctor, and awful the other members of our vaccine unit for their, outstanding, work, we have been preparing for this for months. Planning for it. Testing ourselves on different scenarios doing exercises to get ready --

for this work. And we are ready. This is going to be a very important campaign. Obviously for the, the commonwealth and all of its residents. I want to assure you that, this team that we have, that is leading the campaign, is, is, excellent and will be able to pull it off. With that I will hand it back to you. Hand it back to Sable K.

>> Thank you, Dr. Oliver for the poignant, remarks. And I have the pleasure of introducing, the doctor who will be, doing, giving us an overview, and the doctor, I know that you are going to be talking to us, big picture about, all of the great work that, our vaccine unit here in the commonwealth of Virginia has done to prepare for the vaccine. There are a couple of questions that have been taking some particular notice. One of the questions, folks are really concerned about cost. So if you could -- in your introductory remarks, discuss some of the cost concerns. That exist. And in terms of, also, how VDH is going to, address some of those pieces. And also, people are worried about, side effects. What -- what are the safety and efficacy measures that we have here in the commonwealth. To protect the residents of Virginia. Dr., Wheawill.

>> I'm here. I have taken notes. And I will talk through some of the more specific questions. Thank you for having me. I will just briefly go over, a little built of what we have been doing to plan then happy to get into some of these -- very, very, good questions. First I want to emphasize, both, as all of the remarks have been made, your safety is our top priority. As Dr. Oliver said there is no short cuts taken. In getting this COVID-19 vaccine to Virginians. And, as one of the questions that came up is how are we going to be able to -- ensure the safety and, and, and specifically the tracking and I want to just --

say that, there are many mechanisms in which the CDC is using to be able to, to, you know, first of all, these, these, studies that have, have -- the clinical trials that have been going on. And, and -- you know, it's, it's, as Dr. Oliver talked about it's kind of this, this process, and in which the federal government. Helps support the manufacturers and there was some financial risk there in the sense there was manufacturing that was happening at the same time as the clinical trials. Typically not what happens. And by doing that, it allows the process to speed up. And they have had these huge robust phase three trials which they have tried to build it out to ensure there is a diverse population. And they provided -- data from the trials. But they will continue to track and monitor any sort of side effect that are occurring. So there is a few different ways, one, in which they -- will use a system called, vaccine adverse event system as well as, be safe, where those who

receive the vaccine can -- can, provide daily updates to, to, to their symptoms. Or any --

so they can track the safety. As far as specific side effect. Some of the ones noted as the most common is, is, pain at the injection site. Pain, redness. Some people have had a fever. Typically they're short-lived side effects. And, and then within 24 hours, or so, dissipated. And then, and then some, some headache. Those are some of the most common side effects. The cost, the vaccine, will be 100% free. Dr. Underwood talked about that. The, those, those who are administering the vaccine --

may be able to insurance for the administration fee. However, there will be no out of pocket cost. And, and, for any one. So, if there is -- if they do not have the ability to build insurance, bill insurance then HHS has set up a fund in which the federal government will, will, will --

reimburse, no out of cost pocket. There is no cost sharing for any one who receives this vaccine. Let me just talk about how the vaccines work. The two vaccines that are currently -- being discussed, one is the Pfizer vaccine, happy to report has been distributed to health care facilities as of today. There were some that received --

yesterday as well as Mr. That were received to other health care facility Tuesday. The other one, Moderna, a vaccine, manufactured by Moderna, and the FDA will be meeting later this week to review the safety and clinical data from, from that manufacturer. Both of these vaccines are -- are mRNA vaccines. mRNA is a nucleic acid, protein, it enables the body to protect itself from COVID-19. So that it, it actually --

allows the body to -- recognize with COVID-19, attaches to the cell. Never enters the cell. By that protein attaching to the cell. It safely gives the body the ability to recognize the virus. And then -- create the strong immune response to fight off the virus. The vaccine doesn't contain the virus. And then the protein is rapidly -- broken down in the body and leaves the body. And -- and then, I think there was a question about the ingredients, so the vaccine itself does not, there is not any preservative in either one of the vaccines. It is the mRNA, the protein. And then it has this lipid particle outside, and there is a few different ingredients within that lipiz --

nanoparticle protecting the mRNA vaccine. Those are the ingredients. They will release those, those ingredients, as far as adverse events, and, whether or not, if there is an allergic reaction, then, then -- first of all, those that are, administering it would be highly trained and be able to, to handle that. But what they're seeing in -- in the safety profiles is -- those that have had adverse events, are those that have had reactions to potentially other medicated vaccines, vaccinated medications. So, not typically those who have just, that have allergic reactions to food, or insects or other, other --

allergies.

someone asked how this --

vaccine, two doses. That is true, both Pfizer, and Moderna are two doses. Then what the protection or immunity is after the first dose. With Pfizer, and Dr. Underwood and Governor Northam and Dr. Oliver indicated it is very important to remember that it, that, that they are two doses. And that, that -- you would need to receive both of those. Studies have shown there is immunity from the first dose. Approximately 50%. And then that second dose is where it get you up to 95%. Immunity. Questions about if you have had COVID-19 and whether or not you can get the vaccine. And the answer is yes, however, the, the most people after they have had COVID-19 their immune response is high enough, and, so that you would not be likely to contract COVID-19 within, the first three months. So, the CDC has recommended that you not get the vaccine within the first three months. Because you would already have the antibodies to fight the virus. We are working in ways to ensure that -- first of all this vaccine is -- is an -- provided based on both safe and, and in an equitable fashion. Just want to highlight that at the beginning we are going to have less allocation, but that is going to increase. And that will increase go further. Sable, happy to stay on and answer questions. Don't want to use up all the time to talk through it. I'm happy to keep answering questions as hey come up.

>> Absolutely. And thank you so much, doctor, we have a dream team in the chat box now, Dr. Oliver and also, a doctor who is our deputy commissioner for population health. She is going to be addressing some of the questions that, is in the chat box along with Dr. Oliver and a ton of the questions have been answered already. So, thank you all for, for, providing these realtime insights, seems like we are getting good feedback and good questions in the chat. People are concerned, in particular --

allergic reactions and, about whether or not there have been a lot of questions about -- to what proportion has the African-American community been included in the sample size?

for the P-FRPLGT fizer vaccine and other vaccines, EUAs may be forthcoming how will people know it is safe for folk whose look like them to take. As I mentioned clinical trials have include a fairly diverse -- population. They certainly have provided some, some -- some, updated, or some information on, on, on, the -- showing there has been more adverse events and certain populations. Dr. Oliver, do you have anything to add to that?

>> No, I have nothing to add. That is true. There is no evidence, there was -- it's, like many clinical trials, the --

the trials for the minority of -- of participants who were, who were people of color. But it was a large enough group of them, that we can say with confidence, for example the vaccine is safe for adults -- adult African-Americans.

>> Thank you, Dr. Oliver.

>> Someone asked whether people, blacks with underlying conditions were in the -- in the trials, and the answer is no. In fact, people with underlying conditions were -- many, race or ethnicity were not included in these trials.

>> Thank you for that clarification, Dr. Oliver. And also, thank you for answering questions. She is providing hope -- for those who are able to join us via chat, Dr. Oliver, state health commissioner and, answering questions as best they can through the chat. And there are a lot of really great resources being shared. Just as a point of follow-up another question that we have received, is -- whether or not people receive a recording of this presentation. We are going to be sending it out to every individual who has registered for our conversation tonight. You will be receiving PowerPoint slides and the recording of the conversation to use in your community engagement events to extent that would be helpful.

>> Hey, Sable. If I could add one thing. As the doctor mentioned in addition to, V-EARS, V-safe is the smartphone based tool that will, provide the check-ins for, for, people, after they have received the COVID-19 vaccine. And, the doctor provided the CDC -- information. I want to, just, draw back to a comment that was made. As that, certainly, as we continue along this journey want to make sure that the information that is available first of all, there is transparency, second low that, that, you are receiving it from trusted sources. And I want to highlight, our -- vaccine website. Go to WWW.VDH.virginia.GOV, you will see there is a button right on there for vaccine information.

and we are making sure that we have -- that information there. So for example, V safe and fact sheet for that information is there. As well as many other tools. We want to point you in that direction. And, information for the CDC and reputable information, trusted information to be able to provide back to, to the general public and health care providers.

>> There are additional question that relates to --

being able to document. So we know there are going to be multiple, we know there are going to be multiple types of vaccine, Pfizer has EUA approval, Moderna is up next. We know some other companies are coming down the pike, Johnson & Johnson for example. If you could walk through some of the --

we are preparing as a public health, working in collaboration with private health care systems. How we are going to track -- who is getting what vaccine, and, and those kinds of time line pieces. To the extent that, we can, who is getting the vaccine, in terms of the demographic.

>> So, the vaccine, as, as you receive the vaccine, then there will be very limited, but, but information that will be collected, of course, it is, certainly up to, to the individuals, but it helps to -- for us to get the information. To know, for, for, certain populations, who is receiving the vaccine and so on. And it will go into our Virginia information system which is vaccine registry. We have signed a data sharing agreement with the CDC where we provide very limited, deidentified information over to the CDC. And then, but also within the, Virginia registry, that allows us to, to be able to document --

what vaccine you have received. So, and track it. That will be there. And for the second dose. You will know which vaccine. Before you receive the first vaccine. First dose of the vaccine. You receive a vaccine reporting card which will have that information. For your documentation as well. That is a mechanism in which we will use. As we know right now, the information is that the vaccine is not interchangeable. It would be really important that you receive the same, same product or the same manufacturer. vaccine for the second dose.

>> Thank you. Thank you so much. I know that we have a lot of questions --

in the, in the chat. Please know that you will continue to have, the doctors, registering these questions. Trying to answer as many of them as they can in the chat box. Also, this information is being solicited so that we can, make sure that we have, proper information. In ample, responses, in our public health information. That is available on the VDH website. If you go to the website that is listed here on your screen. VDH,.virginia.GOV/COVID-19vaccine. That has been uploaded there. That is an dock TOPLT, and continuing to ensure that we are addressing the need, and the questions that you have. If you have questions that aren't addressed in the FAQs, we will get them added to, the updated version of the FAQs. Please be on the lookout for that. I just wanted to be cognizant of your time. Want to thank you for taking the time, the opportunity to ask your questions and to learn and to engage with us. In the way that you have. But, also want to

honor, the space that we have for the opportunity for us to hear from you. So, with that, I want to turn things over to, to -- the president of celebrate health care, LLC, a member of our Virginia African-American advisory board. And she also cochair of our, Virginia advisory work group. Communications and messaging subgroup. I want to give a couple moments to tell why it is so important, for the black and African community to relay their thought and shortly opening up the floor to you all for, for, public comment. But, in the meantime, Gaylene, are you there?

Gaylene.

>> Thank you, I was waiting. On a controlled mute. I couldn't unmute myself. Thank you, Sable K, everything you are doing, and your team. Doing an excellent job with the community conversations. I want to welcome everyone, and thank you for, for being on this important community conversation. When COVID-19 first hit. Thought it was going to go away. It is still

here -- ten months later. Like many of you, you lost a loved one. Behind COVID-19. I lost my mother behind COVID-19. She was in a nursing home. And she came down with pneumonia. And then --

she tested false negative for COVID-19. Didn't think she had COVID-19. And she had a heart attack, a seizure. Then went on a ventilator. Then we thought she was gone then. Then came out of it. Said she was ready to go home. We thought she had bounced back. When she went back to the nursing home. She never bounced back. This is such a sinister disease. That even after you get over it can still attack your organs, working to attack your organs. That's what it did. Made her not want to get out of bed, eat, do anything. This is why I am dedicated to working so hard. I don't want any one to have to go through what I went through, behind my mother, between May and June. It is important that we know the facts. I've used the names on this Zoom right now. All of you are leaders. Whether you are leaders in the faith community. A business. Organization. Family. Or a project. You are all leaders. You are all trusted leaders. Important that you have the facts. You

know the facts. You visited VDH website on regular basis. Keep up with FAQ sheets. So you can educate the community and educate your peers on what this vaccine is all about.

We are in this time right now. And everyone has a role to play. When we look back on this years from now. You should be able to say, what have you done to help be a role in this pandemic to make sure it goes away and make sure we educate the community. We need everyone at the table. And we don't want to politicize this. We want to deal with the facts. Everyone says important to wear your mask, wash your hands, social distance. And add one more. Open a window. Ventilation is key. Ventilation is so key. You know to this, to this pandemic. And we are -- we are here now with the vaccine. And need as many people as possible. To be educated on this. And take the vaccine. As we know historically the African-Americans --

have disparities with their health care.

We know that with our health care. We know that, they haven't been kind to us at all. With the disparities. But you know this is new technology. And that's something we need to know. Just like the flu shot. Many of you all said I'm not going to take the flu because last time I took it, I took the flu it made me sick. Well you know, years ago it was a live virus. The flu shot is not a live virus anymore. Just like this vaccine is not a live virus. So this is the kind of information that we need you to come back with, take back to your community. You know about what this vaccine is made of. What it is does. And, and, and, and look. It is going to be transparent. We are going to be transparent about it. We are fortunate to have a governor that is a doctor. All doctors have to tack a code of honor. To say their patients come first. So we are fortunate to have a governor, that is a doctor first. Took an oath, governor, being a doctor is first. We are very fortunate for that

. I want to leave you with this. Before we open it up to hear your comments. We have, you have so many people working on your behalf. On behalf of the commonwealth and the country. I can't tell you how many people are working. So many people are at the table to work really fast to make sure that the information get out there. To make sure the distribution is equitable. And, and -- we need you. And so we have people like you that are at the table too. And we need more people. So, I just want to thank you so much. You know for being here. We will be doing more of these -- listening sessions. We need to have these listening sessions so we can KEFL

up the messaging to make sure that we are reaching the people that we need to reach. So, with that, I am going to turn it back over to Sable K. We want to listen to hear what you have to say. Thank you.

>> Absolutely. Thank you so much, for sharing your, your story. There are several people that are reaching out via the chat. And in the public -- reaching out they have lost a loved one to COVID-19. Thank you for being transparent about that. Thank you for those, of you all who are sharing your personal experiences as well. And, and, with that being said, we want to open up the floor. To hear from you. That is primarily the reason why we wanted to have this conversation tonight. And we want to make sure that to the extent that we can, we want to have -- as many people be recognized, to provide public comments. This is going to be an opportunity for us to respond to you, but more so to hear from several people in succession in terms of what their concerns are, and, any concerns that they have, and any fears, or if they're excited. We just want to hear from you in terms of what you think -- the governor's office should know, what you believe that the Virginia department of health, the Virginia department of emergency management, but we should know as we move to, disseminate this vaccine into community, and to the residents across the commonwealth. Each person, if you have an interest on providing a comment. Eye could raise your hand, via, the -- in the Zoom platform. If you have that ability. If not, if you could type in the chat, I'm so, and so, I would look to make a comment. I will be monitoring both participant list for hands raised, as well as -- the, the comment list to see if there are folks who, want to make a public comment. You will have 60 seconds. When you all hear the time. If you could wrap up the comment in about ten second or so. I want to thank you all for your joining us this evening. Also wanting to raise -- an opportunity, provide the opportunity, for folks who -- who can continue to put your questions in the chat. But I am also wanting to make sure that, that, we provide -- public KPHEPT time. The first person I see is Brian Brown. Brian, are you there for public comment?

thank you for this. This is beyond outstanding. This is beyond a dream team. If I can be a little religious, a gift from God. So thank you so much, everyone. For your hard work, for your dedication, for being here. For being here for all of us. And being unsung heroes. That's my only comment. Thank you, and God bless you, God bless your families. Please, stay in -- staying safe isn't enough to say. We need y'all. You can't go down. We are depending on you, okay. So, Gaylene, Stephanie, norm, you all got to stay safe. We need you all. God bless you, thank you. I'm done. Less than a minute.

>> Thank you. Thank you so much, Brian. Less than a minute indeed. Next, I am seeing a hand from, Jacqueline Mohammed. Jacqueline, are you there?

>> Yes, I am. How are you?

thanks again for this -- for this beautiful opportunity to learn more about what is going on in the community. I would like, a question I guess, a question. How will you all, what kind of, effort are you putting forth to reach the people who don't have internet and, and Zoom and such, like people who are homeless, and such?

>> Sable, I can take that real quick. A good time to do a shoutout for what we are doing tomorrow. Which is -- our -- tomorrow, December 16th. Dr. Oliver will be back at it. And we are,

our communications team is working on a big event, a statewide -- event. Televised hoping to provide this panel to talk through the -- the vaccine and have this expert panel to, to talk about it. And, it's -- being, being --

recorded and, and, and televised throughout the state.

>> Absolutely. Thank you so much, doctor. That was an appropriate time. We will be, taking note of questions, we are going to save the last ten minute or so for folks to respond to questions. But, we want to hear as many -- comments that we have, so that we can get as many in as possible to make the most of our final Q/A time right before the end. So, I see that, Paul in the chat has a comment. Paul, are you there?

>> Yes, I am here, member of the Newport News, NAACP, but I am not represent radioSEPGT the NAACP today. Gaylene, so sorry about your mother. Didn't hear. Nobody told me. I am very upset about that. I am sorry you had to go through that. As a veteran, and as a -- as a, teacher, as a person of color, a male who is dealing with heart and dealing with lungs, if we had the highest probability of death, what is the -- what is the state of Virginia doing to attack that statistic?

as relate to getting -- as it relates to getting the shots to the black community?
that's my statement in question.

>> Thank you, Paul. I will certainly, I know my colleagues on the Lynn have some answers to that. I am taking notes for us to, to, make sure that we get an answer back to that before we retire this evening. I will now start writing up a response for the chat. But we are certainly, looking to engage and make sure that our, our, vaccine communications are tailored to, to -- especially, vulnerable and marginalized communities. So, before we answer your question, I am just going to open up the phone, open up the lines again for folk whose have comments. And, I am seeing Keith. Keith on the line. Keith's iphone, you are recognized for your comment.

>> Yes, Good Evening. Thank you so much for recognizing me. And than you for this session. One of the things I went on and put the question into the, into the chat. We recognize the information always reduces anxiety. Who delivers the information can increase or decrease, anxiety. Often people consider themselves broker of information for our communities who are not. So how are you going to identify people who will indeed be brokers for underserved and, and, marginalized communities, those communities that often don't get this type of information?

>> Absolutely. I am representingsterring your question -- registering your question, how are we going to tailor our messages for vulnerable, marginalized communities. Thank you for raising that, Keith. Once we get through the rest of public comments. We will be sure to address that. I am seeing, Sharon Houston there. Sharon Houston. Are you there?

>> Hi, I am. I am Sharon with north folk resident, Norfolk, Virginia. My comment is, that young people, 18, 25, have been known to transmit the disease and so, I'm asking, how are we planning to make sure that they get -- take the shot, or get the vaccine, making sure that they are, so that they won't tack it home to their grandmothers, and great grandmothers who often are raising them in our communities?

I am, registering your question as tailored messages for young people and how we have containment mitigation efforts for those, folks, young individuals like the millenials, among us to

make sure that they aren't passing the virus along. Thank you, Sharon. we'll get an answer to your question as soon as we get through the rest of the public comments. I am seeing someone -- they're registered as, ayeophone, but if there is some body, named iphone who would look to make a comment, you are recognized. Is there an iphone person there, sorry. I wish I had more information. Uh-huh?

>> Do you hear Katherine?

>> I do hear Katherine, yes.

>> I just wanted to, do appreciate you all this evening. With this information. I just wanted to share, a little bit of something. I work for a health system in Virginia, health care administrative associate, fancy term for administrative assistant. Of course I do people have -- have people, friend that I know in the health care system. But I wanted to share something that I put on my mother's door, I live with my mother. We have people coming in without masks. And I got frustrated one day. A couple of days, I thought about it. So, I wanted to share this post that I put on the door. And it says -- we support the Virginia governor, wear a mask. If you do not live or sleep here, wear a mask. If you do not receive your mail here, wear a mask. If you care about my physical health, wear a mask. If you are truly my friend, wear a mask. When I visit your home, I expect to wear a mask. So, return your love to me and wear a mask when you enter my home. And I just wanted to share that, because --

I had a friend come in here that works with the health care system that I worked for closer to patients than I am. And she was not wearing her mask when she was in my home. Thank you.

>> I thank you for sharing that. That public, public comment this afternoon or this evening, excuse me. So, I, I just wanted to, make sure I am, reviewing -- I am seeing a couple more hands here. You are recognized?

>> Yes, as mentioned before this has been quite helpful and informative. I wanted to more, more so pose a question. About --

the engagement with local public health departments. You know, as we begin these community conversations. And help to better inform, our communities, about --

the COVID-19 vaccine. And -- and the distribution and so forth. What, what --

has been done to communicate to the public health department --

that -- that, organizations will be contacting them potentially to help them -- commune Kate this information in forums.

so I wanted to just -- pose that question. Because -- that is extremely important to not only have us -- you know, I am representing my company and -- and -- a sorority incorporated. And, and I just wanted to make sure that we are keeping everyone informed that we are not acting as the health --

experts. But rather we have -- those individuals present when we are engaging the community in our upcoming forums. So I wanted to pose that question. I will reserve the last ten main to the have the panel respond to questions I'm know Tating. For right now if we could have -- -- questions I'm noting. For right now, if we could have, I saw a hand, it has gone away. So, just to confirm, I am just going to do a quick overview. We have 12 minutes left in our time this

evening. We were the last to receive the free PPE, the last to receive the testing sites we need. And onto eastern shore we have a lot of nonprofessional people that you are not going to that work in the health care of the hospital. We have a big problem over there, because we are over the bridge. We are like on an island. Therefore, I am always fighting for the people. We need to make noise to be inclusive. I don't care where you work. We have a lot of nonprofessional people that really deserve this. We had a lot of people to go home, and say -- quarantine. Do this, do that. It was too late for them. If this could help them, some of this, to what, what we see. That's what we need on the eastern shore.

>> Thank you so much, miss Jane for sharing that. A really incredible point to make here. To provide us with clarity on some of the questions that we have received, and, some of the comments and, and slash questions that we have received. I just wanted to recap for our panelists, I know that we have, Dr. Oliver, we have, director Brown, we have Dr. Underwood, we any other experts on the line. Questions raised here I will look them up. And we can respond in terms of who would look to address the pieces. One of the questions that came up was about communication. I know we have a specific group that is going to be working to, to develop specific communication materials as it relates to the COVID-19. And there were two communications related questions. One of them, related to messengers. How the states are going to communicate to communities across the commonwealth. The second question is how are we going to tailor communications for specific subpopulations. We heard, an oral representation of, of, millennials and GEN-Zers, and younger demographic and, concerns about the African-American community, faith based community, disability community. What are we doing to tailor our communications and make sure that both the message and messenger are right. Any one from the panel like to address?

>> I can take part of it. And turn it over to y'all. I want to say that we have a partnership. Subcommittee, that is advise, vaccine advisory, committee. And, and this committee -- have developed a list of organizations, from across the commonwealth. That we will look to help spread the word. And, and disseminate information on this vaccine. So that process, that is in the process right now. The other part -- of the question -- what was it?

second, what was the second question?

>> About, tailoring the message, message, messenger, how, how we are deciding the piece
STPH-Z

>> Right. So this is the reason why we are having these listening sessions so that we can hear from you all to start tailoring the message to make sure that we are on point and we are reaching a different demographics. And, and, someone asked the question that we have any disability experts. We do have disability experts on advisory, advisory committee. We have many experts, as I said earlier, there is a whole lot of people that are in, on different arenas. Experts, different arenas that are working on, on the behalf of everyone. In the Commonwealth so

we should be very thankful for that. So with this messaging we have this group and several partners, and, contractors that are helping us devise the message. But mostly the message that will be coming from you all. Will be coming from you all. (overlapping conversation)

>> We also have health equity working group that will be identifying the trusted messengers. And -- and, Keith one of the thing that for your question in particular, we know that -- interfaith, faith leaders, faith leaders all over our commonwealth are the trusted leaders. They've known that from the beginning with Dr. Oliver and the governor's leadership as person of faith. We reached out to faith leaders. For our face it, VA campaign. We will do the exact same with the regard to the vaccine. Communications campaign. And so, stay tuned, there will be some exciting webinars coming up. We are going to be reaching out to, to -- faith leaders all over the state. Because we believe that, that faith leaders are trusted messengers. Not only about the message, but the messenger, I really appreciate your comment. In terms of those -- messages to our young people, who have, who live in intergenerational homes, we will be, we will be, we will be leveraging social media to communicate with them. We know messages to our younger audiences they engage with TIKTOK, and, as Dr. Oliver mentioned all those social media platforms. Like, Instagram. Maybe, less facebook, maybe that's for us on this, call, but, I understand more young people are on facebook these days. So I just say that we are tailoring our messages to, to the younger population. We are also doing things that particularly target our college populations and demographics.

so on college campuses. So, so, stay tuned some exciting things coming. Can I make a comment?

>> This is Dr. Oliver. This is a MEA

CULPA, earlier in the evening I said there were no people in the clinical trials with underlying medical conditions. That's not true. I misspoke. So, please strike that from the record. Instead, pay attention to the chat box there where the doctor has entered in some expensive information about the -- the Pfizer trials that shows that they, they tested the, the vaccine in people with, with chronic medical conditions, HIV, other, other ailments and found that the vaccine was completely safe in those populations. So, I think it just underscores the importance of, of getting this vaccine to people with chronic medical conditions, we know --

we know COVID-19 is deadly to that population. And the vaccine is, is at most, something that will give them some minor flu like symptoms for a day or two. So, we need to protect them. Gaylene, my heart goes out to you about your mom.

>> Absolutely. Thank you, Dr. Oliver. And, just wanting to underscore, for the individuals in the chat, I am seeing some really good networking, some really amazing information sharing, that is happening. In addition to, receiving the -- the link to the -- to the -- session, the video recording of the session, for those individuals who are sharing their information publicly in the chat, to everyone, for those who are sharing resources, and, also, for the questions that are being posed and the resources that are being listed, all of that is being, compiled, by the incredible team within the office of health equity and will be sent to you all, by the end of the week. With the FAQ documents. Information shared, and link to this recording. So that way you all will be able to share widely with your networks the information off to the extent that we have it up for this time. We have about two minutes out before we get to our scheduled ending time. But I just want to raise -- a couple of other points. Just kind of thematically, looped from what was said, in both the chat and both was said in the public comments. There have been some specific questions and concerns about -- this public private partnership. We had conversation about faith based entities. But there has also been concerns raised about -- if we could have a member of the panel discussion, how

logistical are being addressed and engaging community partners as part one. And part two, in terms of the tiers, I know we had a conversation about who is -- who is going to be able to have access to the vaccine, we have had concerns about people who may be providing that role, but, may not have the traditional, like, location, vocational experience. They, they may be attending to somebody who, who is -- of, who is elderly who has a, a, who has a chronic condition. In our limited time remaining if we could have folks in the panel respond to those two questions. We have 35 health districts across the Commonwealth. They work closely with community ORGSZ, faith leaders, others in their -- organizations, faith leaders, others in their local jurisdictions they're reaching out to ensure that they're involved in helping to both communicate the, the importance of, of taking the vaccine and organizing -- to ensure that the vaccine is, is, administered in an equitable fashion and in those, those communities. Sable, the second question.

>> Nonprofessional essential workers, home health aides, folks of that nature where they be placed in the hierarchy for vaccine allocation?

>> We don't have a hierarchy worked out as of yet. We have a long list of, of essential workers which includes, the ones that you, just mentioned. We will be developing a -- a priority list. Given that the, the amount of vaccine is still scarce at this time. And then, as Dr. Underwood said throughout entire COVID-19 response, we have been very, very -- adamant about having everything we do, be done in an equitable fashion. And we will go to the health equity work group. We will go to our vaccine, advisory, work group, and we will present, the, the -- this prioritization to them and have them tell us, whether or not they think this is an appropriate prioritization, so that when we -- actually put that out there, it will be something they will be vetted by, by --

by health equity experts, ethicists, people rooted in the, in the black and Brown community in the Commonwealth and we can feel secure as a result that, that we will be doing this in the most equitable, equitable way. Possible. On the vaccine unit we are working with unified command and of course our vaccine advisory work group. And then, also, the, the -- the Virginia disaster medical advisory. Committee. As we, as we continue to make decisions and have to prioritize the, the, the -- the vaccine. As -- as there is limited availability. We do expect that the CDC advisory committee on immunization practices, will be meeting towards the end of this week. And they may be, be able to provide -- more information about that prioritization, beyond, health care providers and long term care facilities from there, then we will take that information, and, bring it back, and work very closely with, with our -- with our, within the unified command to further define out the next prioritization for, for other -- essential employees and, and, and, and critical infrastructure. Thank you so much

I know we are running a little over time. I want to provide a great thank you to everybody who has taken the time out of their evening, and I know there are so many other things that you could be doing, but, really appreciating you all for taking the time. To, to, raise your questions, and, your comments. And your concerns. Also, a big thank you to our governor, Governor Northam and panelists on the conversation, Dr. Janice Underwood, Dr. Norman Oliver, to our commissioner, and, Curtis Brown and thank you to our OHE logistical team, and, Jasmine Smith as well as providing remarks from the Virginia African-American advisory group. Thank you all

so much for your questions, comments and concerns. This is but the beginning of our chat together. And, before we wrap up, I just want to provide, an opportunity for our panelists to share, closing, this, this last minute remarks, that you would want to impress upon folks before they depart for this evening.

>> Sable K, just one minute. Then turn it over. I just want to, I know, sure Dr. Oliver has closing remarks. Just want to recognize one of the things that I failed to mention. Is that when we started our vaccine planning, which has been well underway since, since, early this summer. We are the to have members, and cochairs and others, and then I want to say that, that, specifically, thank you to the health equity group, and, and, under your leadership and, and, and many others. We really have been able to make these community conversations be the beginning. And I really want to emphasize that. The beginning of much more. So, we appreciate such, such --

this dialogue and communication. If it helps us recognize, areas in which we can certainly continue to, to, provide, talking points. And more information. And, and, we want to do that. And we want to point everybody back to our website and opportunities to outreach to communities. Thank everyone for the time. From there I want to give tight Dr. Oliver and anybody else that has closing remarks.

>> I will be brief. I think it was, Gaylene, said folks here at this, this -- community conversation, are the actual leaders in the KPHAOUB tee. And I genuinely believe -- community. And I genuinely believe that is true. You are thought leaders, you are activists in your communities. You are people providing services. Very important sorry voices to the community. You are faith leaders in the community. I hope that you will take the information, that you have heard tonight. And get that information out broadly as you can to the people who trust you and trust your, your, leadership. In doing so, we will all join together to be -- in a successful campaign, to SRABGS Nate the residents of the Commonwealth. I thank you in advance for all that hard work that you have been doing -- (vaccinate), the hard work that you are doing have been doing as we go forward. Be safe. Stay well.

>> Thank you, Dr. Oliver. Any other members of our panel who would look to provide closing remark STPH-Z

>> Yes, thank you, Sable. Just want to thank everyone for being, on this, this community conversation. And want to remind that tomorrow, there will be a community conversation with the disability community. On Thursday, there will be one with the rural community. There were questions in the chat about that. So those, this is the opportunity to you to join these community conversations and pass the word on and make sure we get more people to come on, this disability and rural as well. I do want to say, that, that --

when people tell you that they're over COVID-19, you just tell them, that you tell them this, you tell them that, you might be over COVID-19, but COVID-19 is not over you. So it is here until everybody gets vaccinated. We get rid of it. So let's make history together and destroy this disease. Thank you.

>> Thank you. Any other closing remarks. Well, thank you so much for everyone. I just really appreciate you all taking your time out. I know this has been such a -- everyone lives are so busy. And, there is so much in everyone's plate. Thank you so much for taking this opportunity. To, to learn from us. And also for giving us an opportunity to, to most importantly, learn from you. As we are looking to, to craft our FAQ documents. So, just wanting to let everyone know, to

reiterate, I am seeing some concerns in the chat, we will be sharing, the, the, -- concerns in the chat, we will be sharing the recording from tonight to the fact that folks have shared their contact information we will be sending that publicly available contact information to everyone. But, most importantly, thank you to our panel. Thank you to the participants. We, we are -- because you are. And, it's just going to be, it's going to be incredible what we can do together. For our COVID-19 vaccine. Operation . But also for what we have been able to do, in this, surviving this year together. Again, thank you, to everyone. Please, keep in contact with us. Because it is the beginning of our conversation

I hope you have a good rest of your Tuesday. Good night, everyone.